

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION OFFICE OF INTERGOVERNMENTAL SERVICES VICTIM JUSTICE AND ASSISTANCE PROGRAM

2009 APPLICATION ELIGIBILITY REVIEW FORM

Date of Review:

Reviewer				
Name/Title:				
Applicant	Project			
Name Title APPLICATIONS RECEIVING A "NO" RESPONSE TO THE QUESTIONS BELOW MAY NOT BE REVIEWED FOR				
FUNDING CONSIDERATION.				
I ONDING CON	ISIDERATION.	YES	NO	N/A
		. 20		1477
1. Was th	ne application received prior to 4:30 pm, April 17, 2009?			
2. Did the	e applicant submit four (4) copies of the application?			
3. Is one	copy of the application signed in BLUE ink?			
4. Does t	he applicant's name appear on all pages of the application?			
5. Was th	ne application submitted free of a binder or folder?			
6. Is the a	application typewritten, single spaced and using no less than ont?	n 10		
7. Is the a	application complete (cover page and all attachments)?			
8. Does t	he application meet the page limits?			
9. Is the a	applicant delinquent on any federal debt?			
10. Has th	ne applicant indicated the type of funds requested?			
11. Does numbe	the application indicate the applicant's federal identification r?			
enforce	YAWA (STOP) APPLICANTS ONLY, if a prosecution, law ement and/or court applicant, has the applicant indicated tation with victim services agencies in developing the application.	ation?		